

Fordingbridge Rural District Council
Sanitary Authority.

ANNUAL REPORT

FOR THE

YEAR ENDING DECEMBER 31st, 1894,

BY THE

Medical Officer of Health

OF THE

FORDINGBRIDGE UNION.

FORDINGBRIDGE :

W. H. KING & Co., PRINTERS, SALISBURY STREET.

DURING the year ending December 31st, 1894, there have been registered:—

174 Births (93 males, 81 females). This shows a total of 13 less than last year, and as is usual in this district, the males are in excess of the females.

95 Deaths from all causes, which is equal to 15·2 per 1,000 of the population of the Union, numbering 6,236 souls. I am pleased to say that the number of deaths is only 1 above the recorded number for 1893, and as that was the lowest death-rate I had ever recorded, this, of itself, indicates the very favourable state of the health of the district. 56 deaths occurred in the first half of the year, as against 39 in the second half.

COMMENTS ON THE DEATH-RATE DURING 1894.

Of the 95 Deaths, 50 were males, 45 females. 24 were 70 years or over that age (19 males, 5 females), 10 being 80 years or over (8 males, 2 females). The 24 above 70 years averaged 79 years each, and the 19 males averaged 79·2 years each, the 5 females 78·2 years each.

18 were between 60 and 70 years of age (8 males, 10 females).

The mortality below 1 year of age amounted to 14 (7 males, 7 females), 1 less than last year, so that there is still a decrease in the infantile mortality, and 9 of the 14 lived less than a week, 7 of the 9 less than a day, on account of premature or difficult birth. We thus see that 38 of the total number of deaths are at the two extremes of life; and finally 56 out of the total 95 deaths, occurring below 1 year and above 60 years of age, leaves 39 to be distributed over the intervening 59 years. To sum up, I think we may conclude that the general health of the district during 1894 has been even better than it was in 1893, so that really it is the best record that I have made during the 8½ years that I have held the office.

ZYMOTIC DISEASES INCLUDED IN TABLE B.

Under this heading, we have a very favourable record, for except the continuation of the *Scarlet Fever* epidemic of 1893, we have only 1 case of *Small Pox*, 5 cases of *Diphtheria*, and 4 cases of *Erysipelas* to notice.

Small Pox—There was one case of this disease in a painter who was working on the London and South Western Railway, near Bournemouth. It appears that a patient contracted the disease near London, and developed the complaint in his house near Bournemouth. He was a signalman on the L. & S. W. Railway. As soon as the disease was recognised, he was removed to an Isolation Hospital, and his house closed and disinfected. The house, as it was supposed, being free from infection, it became the duty of the painter to assist in the cleansing and painting of it, and within a few days of entering the house, the premonitory symptoms of the disease showed themselves, and he came home to Bickton, near Fordingbridge, not knowing what was the matter with himself. On the nature of the complaint being recognised, steps were at once taken to isolate him in his own house, but with very partial success. So that, at a special meeting of the Rural Sanitary Authority, which I attended, it was arranged to erect an iron hut in a field, far removed from human habitations, and to move the whole family into it. The other members of the family had been previously re-vaccinated on the first appearance of the disease. After the removal into the hut, the house was subjected to a thorough disinfection with Dioxide of Sulphur for a fortnight, and then the furniture, &c., was all burnt, and the house thoroughly cleansed, whitewashed and painted. At the end of the quarantine, the family, having been provided with new clothes, and having been subjected to a course of disinfectant baths, were allowed to return to their house, having left all their infected things behind them; these were dealt with in the same manner as those left in the house. The Sanitary Authority and Railway Company provided the people with furniture and clothing in the place of that destroyed. No other case occurred, and the patient, having been vaccinated in his infancy, had the disease severely but favourably. A very limited number of people presented themselves for Re-vaccination, although the whole district was posted with bills offering the safeguard free of cost to the patient.

Scarlet Fever—21 cases below, 39 above 5 years of age are reported. This is the remains of the epidemic of 1893, which had been going on during the Autumn months in the Fordingbridge District and at Martin. The disease was imported into Fordingbridge

town from an outlying village, and, owing to ignorance of the existence of, and consequent non-observance of, the "Notification of Diseases" Act, and the mildness of the attack, the first three cases were hushed up, and a child sent back to a small school in a peeling state. Four more cases resulted in other families from this exposure, and two more occurred in the originally infected family. One of the cases consequent on this exposure was very severe indeed, the child suffering from many of the sequelæ, such as Nephritis, Glandular Enlargement and Otitis. Immediately on my hearing of the outbreak in the Town, I took the most stringent measures to isolate the cases, and with such success that no other houses were infected after that date, from this particular outbreak. The same individual who had not notified the occurrence of the disease, after repeated written and verbal warnings from me, again exposed peeling children in the public streets and shops, so that I had to attend before the Rural Sanitary Authority and report the matter to them, and advise them to reprimand the offender; this was done, and I heard of no further exposure. The other householders in the Town followed my instructions implicitly, and to their ready and willing assistance I must attribute the stamping out of the disease in the most populous part of the district, at a time when we were threatened with a wide-spread epidemic.

Five cases occurred in one house at Breamore during the Christmas holidays, but fortunately they came to my knowledge before the children returned to school, and so the spread of the disease in this village was prevented.

Seven cases occurred at Rockbourne, the first one being brought from a distance.

Eight cases occurred at Hale, and were imported from the neighbouring village of Redlynch or Downton, where the disease is always present to a greater or less degree.

There were only 2 deaths during the whole epidemic, 1 due to *Post-pharyngeal Abscess* and *Hæmorrhage*, and the other to *Diphtheritic Paralysis* following *Scarlet Fever*, in this case death was instantaneous; otherwise, the cases were, as a rule, mild in the extreme, and to this fact I attribute all the trouble in stamping out the epidemic, as so many cases escaped detection till after they had been exposed in a peeling state. I experienced great difficulty in keeping in the infected patients during the 7 or 8 weeks of quarantine, and in this respect I greatly miss the assistance of an Isolation Hospital. Hale

and Martin Day and Sunday Schools were closed for as long a period as I thought necessary, and any unnecessary congregating of people in infected districts was also prevented so far as possible. The district is now free of the disease.

Diphtheria—5 cases are reported, 1 below, 4 above 5 years of age—all mild and with no bad results.

Erysipelas—4 cases are reported, all of the mild or so-called Idiopathic variety.

ZYMOTIC DISEASES NOT INCLUDED IN TABLE B.

Pertussis or Whooping Cough—9 cases below, 1 above 5 years of age are reported. None fatal.

Influenza—Amongst pauper patients 112 cases are reported, 10 below, 102 above 5 years of age. This was a very slight visitation as compared with that of 1892, and even milder than the epidemic of 1893. Three cases proved fatal—1 in an old heart subject, when Pneumonia intervened, and the 2 others died from that rapidly fatal form of Influenzal Pneumonia.

Other or Doubtful Fevers—Under this head are included cases of Febricula, hardly to be distinguished from Influenza, except that the latter might be described as *Epidemic* Febricula, Varicella, and 1 case of Roseola, and 24 cases are reported—3 below, and 21 above 5 years of age. All favourable.

OTHER DISEASES.

Diarrhœa or Dysentery—42 cases are reported amongst pauper patients, 10 below, 32 above 5 years of age. This compares very favourably with the total recorded in 1893, viz.: 99 cases at all ages. This falling off may be accounted for by the cool temperature which prevailed through the greater part of the Summer. No fatal case is recorded.

Bronchial and Respiratory Disorders—Under this head are included *Phthisis*, *Pleurisy*, *Pneumonia*, *Asthma*, *Bronchitis* and *Catarrh*, and amongst Pauper patients, 85 below, and 251 above 5 years of age are recorded. This total is about 20 less than last year, and again shows the improved state of health of the district during 1894. Eight deaths from *Phthisis* are recorded, 1 below, 7 above 5 years of age. This total is 2 in excess of that in 1893, but is still very small indeed,

Five of the cases are returned as general *Tuberculosis*—1 of them *Acute*, 2 of them as *Phthisis Pulmonalis*, one ending suddenly in *Hæmophysis*, which had not occurred before during the progress of the disease, and 1 of them as *Laryngeal Tuberculosis*.

19 deaths from *Bronchitis and Pneumonia* are reported, 2 below, 17 above 5 years of age. This is a total of 1 more than in 1893, and of 15 less than in 1892. Ten of the 19 cases are returned as due to *Pneumonia*, 3 of them *Influenzal*, as reported under that heading, one of the remaining 7 being due to *Pyæmia* after confinement, and 3 complicated with *Bronchitis*. Five of the cases of *Bronchitis* were chronic, mostly complicated with old heart trouble, and 3 were acute, one complicated with heart trouble. This makes the total deaths from Respiratory disorders 27 for the year 1894, a total of 3 less than in 1893. There is a marked falling off in the fatal cases of *Pneumonia*—10 cases for 1894, as against 18 for 1893.

Heart Disease—19 deaths occurred, all over 5 years of age—1 after *Rheumatic Fever*, 4 complicated by *Uræmic* symptoms, 1 complicated with *Oedema of Lungs*, and 2 suddenly, 1 from *Fatty Heart*, and the other in an old man of 82. One case was *Aortic*, nearly all the others were *Mitral*. This is an increase of 9 on the total for last year.

New Growths—Under this heading, 9 deaths are recorded—2 of the *Rectum*, 1 of the *Sigmoid*, 1 of the *Bladder*, 1 of the *Kidney*, 1 of the *Liver*, 1 of the *Stomach* (in this case a suspicious growth was removed from the lip about 2 years ago), 1 of the *Abdominal Viscera*, and 1 of the *Breast*. This is an increase of 6 on the total for 1893, and is the highest record I have ever had to report.

5 Deaths from *Injury* are recorded, viz.: 1 *Murder* (an infant of a few hours old), 1 *Suicide* whilst in a state of unsound mind, 1 *Drowning* (an infant of 2½ years old, who fell into a stream), 1 case of *Placenta Prævia*, and 1 case of *Malpresentation at Birth*. Six cases of death from *Premature Birth* are recorded. Three deaths from *Convulsions in Infants* are recorded, 2 of *Acute Peritonitis*, 1 of *Epilepsy*, 2 of *Apoplexy and Cerebral Hæmorrhage*, 1 of *Tabes Dorsalis*, 1 of *Caries of the Spine*, 1 of *Congenital Syphilis*, 1 of *Cleft Palate and Starvation*, 1 of *Gall Stone Colic and Exhaustion*, 1 of *Obstructed Irreducible Hernia and Syncope*, 1 of *Diabetes Mellitis*.

Three deaths occurred in the Workhouse, all in people advanced in years.

The total number of cases of sickness reported amongst Paupers is 1,503 in the Out-door department, and 125 in the Workhouse. The Out-door total is 276 less than that for 1893.

GENERAL SANITARY CONDITION OF THE DISTRICT.

During the year there has been more than the usual amount of activity in the sanitary work of the district. All parts of the district have been repeatedly visited and inspected, and the sanitary condition of the same noted. The usual number of houses have been visited and inspected, and where any improvements in their sanitary condition have been suggested by the Inspector of Nuisances, I have personally inspected the premises, when necessary, and advised him how to proceed in all cases.

In the case of a new common Lodging House being opened, I inspected the premises, together with the Inspector of Nuisances, and insisted on some improvements in the Privy accommodation, which were carried out, the certificate from Rural Sanitary Authority being withheld till the improvements were completed.

School premises in the district have been periodically inspected, and in one case, the Inspector of Nuisances, having met with some trouble in getting a privy nuisance abated, he called in my help, when a vigorous report to the managers of the schools, removed all obstruction to the observance of the law.

I also, together with the Inspector of Nuisances, inspected and reported to the Sanitary Authority on a specially filthy and dilapidated cottage, with the result that it was put into a good state of repair.

In March, in company with the Inspector, I visited 11 houses in Martin, in a state of dilapidation, and reported on the same to the Sanitary Authority, and the necessary repairs have been done.

My action in the outbreaks of Scarlet Fever and Small Pox are noted at length under the headings relating to those diseases, in the early part of my report.

The Burial Grounds question remains in *statu quo ante*, but great things are expected from the newly appointed Parish Councils, and I trust our expectations will not be doomed to disappointment, as radical improvements in this quarter are urgently needed, the state of affairs becoming daily more and more appalling.

There is still no system of sewage or refuse collection, for use by those householders who have no, or very little back premises, and I must again suggest the desirability of a public dust or sewage cart for this use; this would, to a great extent, prevent the contamination of streams and water courses, by the emptying of refuse into them, which nuisance, I am certain, exists to a very considerable extent.

After a very great deal of trouble, a very bad nuisance, in Shaftesbury Street, caused by the choking of a drain, was rectified.

The drain was taken up and found to be in an awful state of disrepair, and was laid again in a sanitary manner. No nuisance has occurred on these premises since.

I have analysed several samples of drinking water, and reported on their condition, and my suggestions have, as a rule, been carried out.

The condition of the cottages is, as a rule, still far from what could be desired, but we meet with less obstruction, than formerly, to our requests for improvements, &c., and hope to effect improvement gradually, rather than by one great action.

I append a summary of the work performed by the Inspector of Nuisances during the year 1894, which speaks for itself, as to the activity which he has displayed, and I may add that he has repeatedly consulted me before taking action, when any difficulty arose; it is further satisfactory to note, that we have not, in any case, been compelled to take any case before the Magistrates' Bench.

INSPECTOR OF NUISANCES' REPORT.

Cottages inspected ..	144	Defective Pumps repaired	1
Lodging Houses inspected	2	Improvements in Privy accommodation ..	7
Slaughter Houses inspected	3	Privies and w.c.'s repaired	8
Bakehouses inspected ..	6	Samples of water analysed	6
Filthy Houses cleansed ..	3	Compensation paid for destruction of infected bedding	1
Houses disinfected ..	38	Nuisances reported or detected	49
Overcrowding abated ..	5	Nuisances abated	49
Houses placed in habitable repair	18	Notices served	53
Houses closed	3		
Wells sunk, &c.	1		
Wells cleansed or repaired	2		

I sent a special report on the outbreak of Small Pox to the Local Government Board, and was in communication with them on the subject.

At the time of closing my report, the district is in a fair state of health, excepting a wide-spread epidemic of Influenza, which suddenly broke out after the hard frost; it is, however, of a mild type, as a rule.

HERBERT V. RAKE,

*Medical Officer of Health to the Rural Sanitary Authority
of the Fordingbridge Union.*



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K- 11.

(B) TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1894, in the Hordwighbridge Rural Sanitary District; classified according to DISEASES, AGES and LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.) (a.)	POPULATION AT ALL AGES.		Registered Births. (d.)	Aged under 5 or over 5. (e.)	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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State here whether "Notification of Infectious Disease" is compulsory in the District Yes. Since when? Jan. 1st 1890 Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated There is no Isolation Hospital in the District or used by the District.

NOTES ON TABLE B.

(See also Notes on back of Table A.)

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1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
 2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
 3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

(A)

TABLE OF DEATHS during the Year 1894, in the Fordingbridge Union Rural Sanitary District.
classified according to DISEASES, AGES, and LOCALITIES.

NOTES ON TABLES A AND B.

- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.	
Area in Acres	29300
Population (1891)	6236
Death Rates.	<div> <div> General 15.2 </div> <div> per 1,000 Population. </div> </div> <div> <div> Infant 81.4 </div> <div> per 1,000 Births Registered. </div> </div>

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Heiler M. K. A. B.
 Medical Officer of Health.

(Date) *March 22*, 1895.

